New York City Police Pension Fund

233 BROADWAY
NEW YORK, NEW YORK 10279
(212) 693-5100

_____
DATE

To: Executive Director:

Kindly consider this letter as authorization to suspend payment of the Variable paid in December pending approval from the Board of Trustees for change in retirement Status.

Please check which Variable:

☐ Patrolmen's Variable Supplement

☐ Superior Officers Variable

Tax #_____

Pen#_____

Name _____

Address _____

City State Zip _____

_____
Retirees Signature

Note: Please return form to the Pension Fund Payroll Unit